

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032395

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4694

FILED SEP 13 1963

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>D.O.A. Research Hospital</b>		d. STREET ADDRESS <b>Monroe Hotel</b> (If outside, give location) <b>1904 Main St. Apt. 300</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>MILTON</b> Middle <b>HENRY</b> Last <b>PADILLA JR.</b>		4. DATE OF DEATH Month <b>8</b> Day <b>23</b> Year <b>63</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4-18-36</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>waiter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Kansas City Club</b>	
11. BIRTHPLACE (City and state or country) <b>San Diego, California</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Milton Henry Padilla Sr.</b>		13b. MOTHER'S MAIDEN NAME <b>Mollie Quintanar</b>	
14. NAME OF HUSBAND OR WIFE <b>Barbara L. Padilla</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give year or dates of service) <b>1954 to 1960</b>	
16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT <b>Mrs. Barbara L. Padilla, Salina, Kan.</b>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Shock &amp; Hemorrhage resulting from ruptured aorta, lacerations &amp; lacerations of thoracic central spine</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>[REDACTED]</b> DUE TO (c) <b>[REDACTED]</b>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Run over car</b>	
20c. TIME OF INJURY Hour <b>8</b> a.m. <b>23</b> p.m. <b>6</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway</b>		20f. CITY, TOWN, OR LOCATION <b>Kansas City</b> COUNTY <b>Jackson</b> STATE <b>Miss</b>	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE <b>Geo. C. Kealhofer</b> (Degree or title)		22b. ADDRESS <b>6677 Brookside Ave</b>	
22c. DATE SIGNED <b>8-23-63</b>		22d. LOCATION (City, town, or county) (State) <b>Salina, Kansas</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>8-25-63</b>	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <b>Guy R. Ryan Sons Mortuary, Salina, Kansas</b>		25. DATE RECD. BY LOCAL REG. <b>8-24-63</b>	
26. REGISTRAR'S SIGNATURE <b>Beasie Smith</b>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Geo. C. Kealhofer MEDICAL CERTIFICATION

USE BLACK INK  
OR  
TYPEWRITER RIBBON

SEP 19 1967

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Jack F. Moore

Licensed Embalmer No. 4729

P. O. Address Pringle, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.